California Medical Assistance Commission

Annual Report To The Legislature 2012

CALIFORNIA MEDICAL ASSISTANCE COMMISSION
ANNUAL REPORT TO THE LEGISLATURE
2012

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EXECUTIVE SUMMARY

The California Medical Assistance Commission (CMAC) was established by the Legislature in 1983 and is governed by Welfare and Institutions Code sections 14165 et seq., and the California Code of Regulations, title 22, sections 100501 et seq. CMAC was established to negotiate contracts with hospitals, and for many years certain managed care plans, on behalf of the State for specific services under the Medi-Cal program. The goal of CMAC is to promote efficient, cost-effective Medi-Cal programs through a system of negotiated contracts fostering competition and maintaining access to quality health care for Medi-Cal beneficiaries.

This 29th and final Annual Report to the Legislature by CMAC reports access and cost information relating to the past year's operation of the Medi-Cal Selective Provider Contracting Program (SPCP) for which CMAC has negotiating responsibility.

SELECTIVE PROVIDER CONTRACTING PROGRAM (SPCP)

The SPCP was established by the Legislature in 1982 and operates under a federal waiver, in accordance with Section 1115(a), title XIX, of the Social Security Act, Medicaid Demonstration, entitled California Bridge to Reform (Waiver 11-W-0093/9). Other State law and regulations governing the SPCP are set forth in Welfare and Institutions Code sections 14081 et seq. and 14166 et seq., and California Code of Regulations, title 22, section 51541. Through CMAC, the State has selectively contracted, on a competitive basis, with those hospitals in California that prefer to be reimbursed under the terms of an SPCP contract for services provided to Medi-Cal beneficiaries. The SPCP has operated successfully for over 29 years. Competitive contracting has assured continued hospital access for Medi-Cal beneficiaries while, at the same time, saving the state and federal governments substantial funds.

SPCP Beneficiary Access

From its inception, the SPCP has selectively contracted with hospitals for Medi-Cal reimbursement for general acute care inpatient services provided to beneficiaries. The requirement that the program ensure sufficient hospital beds to serve the Medi-cal population has always been a key criterion in determining which hospitals should be SPCP contracting hospitals.

Overall, the 196* general acute care hospitals contracting with the State under the SPCP program have sufficient capacity to provide all of the general acute care inpatient services necessary for beneficiaries in the areas

where the hospitals operate. These 196 hospitals have almost four times the number of licensed beds necessary to meet the general acute care inpatient needs of fee-for-service Medi-Cal beneficiaries in those areas of the State.
*Reflects all SPCP contract hospitals, including designated public hospitals.

MANAGED CARE

From the early 1990s until June 30, 2010, in addition to CMAC's role in SPCP per diem negotiations with hospitals, CMAC had been charged with negotiating contracts with health plans in both Geographic Managed Care (GMC) programs and with some of the State's County Organized Health Systems (COHS). Effective July 1, 2007, the responsibility for the COHS negotiations was transferred to the Department of Health Care Services (DHCS).

In 2010, legislation also shifted the responsibility for negotiating contracts with health plans in the two GMC programs to DHCS. As of July 1, 2010, CMAC no longer negotiated any managed care rates or contracts.

PROGRAM SAVINGS - SPCP

In addition to ensuring hospital access for beneficiaries through competitive SPCP negotiations, the State has saved a significant amount of funds—a total of approximately $12.7 billion in State General Fund savings since 1983. For fiscal year 2011-12 alone, State General Fund savings attributable to the SPCP are estimated to be $770.8 million. These are funds that would have been spent, had the State continued operating under the traditional, cost-based reimbursement system, which continues to operate in many parts of the United States and which still applies to non-SPCP hospitals in California.

Under federal law, the American Reinvestment and Recovery Act (ARRA), provided a temporary enhanced federal matching ratio (FMAP) of 61.59 percent from October 1, 2008 through December 31, 2010. This change increased the federal portion of Medi-Cal SPCP payments for this period, which therefore, directly reduced SPCP calculated State General Fund savings during this same period. The enhanced FMAP decreased over the first six months of 2011 until it reached the historical 50 percent level effective July 1, 2011. The lower FMAP, when coupled with CMAC's fewer rate increases in 2011 and 2012, has increased the SPCP-generated General Fund savings this year, boosting levels back to over $700 million.

Based on a fiscal year 2011-12 average statewide Medi-Cal SPCP contract rate of $1,478 per day, the average contract rate has increased 188.1 percent, or approximately 3.9 percent per year on a compounded basis,

since the inception of the SPCP program. For non-SPCP hospitals remaining under the cost-based reimbursement system, the average payment rate for the same period has increased 397.9 percent, or approximately 5.9 percent per year on a compounded basis. The average SPCP contract rate is based on the negotiated rates of the 175** hospitals with whom CMAC maintained per diem rate contracts as of December 1, 2011.

In calculating the average area rate for Medi-Cal contracts, there are many factors that contribute to the published area rate differentials. These factors include, but are not limited to, the number of hospitals in the area, the population each hospital serves, the services each hospital provides, the costs of these services, and bed availability.

**Does not include the 21 designated public hospitals.

UPCOMING PROGRAM CHANGES

As part of the Fiscal Year 2011-12 budget process, Governor Brown signed Assembly Bill 102 (Chapter 29, Statutes of 2011) on June 28, 2011. AB 102 enacted law to dissolve CMAC on June 30, 2012. Effective July 1, 2012, the law dictates that CMAC's powers, duties, and responsibilities will be transferred to the Director of DHCS.

In addition, AB 102 directs DHCS to design, develop and implement a diagnostic-related groups (DRG) payment system that would replace the SPCP. The DRG payment methodology is proposed to be implemented on July 1, 2013, or upon the date which the DHCS Director certifies that all federal approvals have been secured and the payment methodology is ready to be implemented, whichever is later. Until that implementation date, the Director of DHCS will continue the operation of the SPCP non-contract cost-based methodologies.

CONCLUSIONS

In summary, the SPCP activities of CMAC have continued to: (1) ensure access for Medi-Cal beneficiaries to hospital inpatient services, and (2) remain cost effective programs for delivering and paying for those services in fiscal year 2011-12. It is anticipated that SPCP savings and access will continue until the SPCP is replaced by the implementation of the DRG payment system, which is currently proposed to be July 1, 2013.

SELECTIVE PROVIDER CONTRACTING PROGRAM

EFFECT OF SELECTIVE CONTRACTING ON ACCESS AND COST

The primary responsibility of the California Medical Assistance Commission (CMAC) is to maintain the integrity of the Medi-Cal Selective Provider Contracting Program (SPCP). For over twenty-nine years, the SPCP has worked to provide access to hospital acute care inpatient services for Medi-Cal beneficiaries sufficient to meet need, while at the same time achieving significant savings over the traditional "cost-based" reimbursement system being utilized by many other states and by non-SPCP hospitals in California. Employing the concepts of competition and negotiation, the SPCP has more than two and a half decades of experience that demonstrate the value of those concepts in the purchase of Medi-Cal health care services.

HOSPITALS AVAILABLE FOR MEDI-CAL BENEFICIARIES

Since the inception of the SPCP, CMAC has provided updated statistics to the Legislature annually that describe the current extent of acute care inpatient services available through the SPCP contracts. An important consideration in evaluating the program has been the extent to which the "selective" aspect of the contracting program still assures that there are sufficient hospital beds and services available to Medi-Cal beneficiaries. A variety of analyses have been presented in previous reports to describe the availability and use of SPCP contracted services. Many of those analyses are updated for this report.

Of the 196 general acute care hospitals under contract, 190 hospitals are under contract in 63 "closed areas" of the State. "Closed areas" are those Health Facility Planning Areas (HFPAs) where SPCP contracts have been signed and Medi-Cal beneficiaries must receive inpatient care at a contract hospital, except in emergencies or as provided for under Welfare and Institutions Code section 14087. Six other hospitals are under contract in "open areas" of the State. "Open areas" are those HFPAs where the SPCP is not in effect. These are primarily rural, one-hospital areas where the principles of competitive contracting do not apply. There were no changes in the SPCP status of HFPAs in 2011. A listing of all HFPAs containing at least one contract hospital and showing all hospitals and their contracting status in each of those HFPAs is included in this report as Appendix B.

The number of hospitals entering into new SPCP contracts, terminating contracts and recontracting after termination since December 1, 1982 is presented in Table 1. Contracting status changes are provided in Table 2, and a listing of all SPCP contract hospitals available to Medi-Cal beneficiaries as of December 1, 2011, is provided in Appendix B.

TABLE 1

SPCP CONTRACT CHANGES
FROM DECEMBER 2, 1982 TO DECEMBER 1, 2011

	PRIOR MULTI-YEAR PERIODS			ANNUAL CHANGES			TOTAL
	82/86	**86/90**	**90/08**	**08/09**	**09/10**	**10/11**	**82/11**
Contracts at Start	0	271	236	200	203	198	0
New Contracts	293	21	66	4	2	0	386
Terminations/ Closures/ Consolidations	-30	-67	-142*	-7	-8	-2	-256
Recontracted	8	11	40	6	1	0	66
Contracts at End	**271**	**236**	**200**	**203**	**198**	**196**	**196**

*Seven of these terminations were the result of converting the contract fee-for-service mental health system to the State Department of Mental Health's managed care system effective January 1, 1995.

Source: CMAC Management Information System

TABLE 2

HOSPITALS WITH SPCP CONTRACT CHANGES FROM DECEMBER 2, 2010 THROUGH DECEMBER 1, 2011

HOSPITAL	LOCATION
Hospitals Terminating or Consolidating (2)	
Sherman Oaks Hospital and Health Center	Van Nuys
Alameda Hospital	Oakland

The net change in the percentage of licensed beds available to Medi-Cal beneficiaries due solely to the above contracting status changes has been a decrease of less than 1%.

SERVICE CAPACITY AVAILABLE TO MEET NEED

Table 3 presents data showing the percent of "Medi-Cal Area Need Under Contract." The table depicts acute inpatient hospital bed capacity under contract, as a percentage of the area bed need required to assure that Medi-Cal beneficiaries have access to acute inpatient services under the SPCP. The data is for calendar year 2010 and indicates, with the exception of burn center services in Coastal and Riverside areas, that sufficient licensed bed capacity was available in SPCP contracting hospitals to meet the acute inpatient hospitalization needs of Medi-Cal beneficiaries for the specified services in all geographic areas. The annotation "N/A" for Coastal and Riverside areas is due to the fact that there are no licensed burn beds in these two areas.

CMAC takes into consideration trends with respect to acute inpatient utilization; changes in the availability of licensed bed services, e.g., neonatal intensive care; mergers and consolidations of hospitals; and the effect of managed care—both generally and specifically for Medi-Cal beneficiaries being served under the SPCP.

TABLE 3

PERCENT OF 2010 MEDI-CAL AREA NEED UNDER SPCP CONTRACT

AREA*	TOTAL	MS/ICU	OB	NICU	PED	REHAB	BURN
STATEWIDE	397%	488%	271%	188%	298%	810%	317%
SACRAMENTO	330%	381%	365%	160%	229%	547%	210%
SAN FRANCISCO BAY	482%	593%	354%	217%	301%	422%	225%
SAN JOAQUIN VALLEY	265%	310%	257%	177%	180%	342%	313%
COASTAL	761%	1430%	266%	282%	701%	2908%	N/A**
LOS ANGELES	377%	446%	228%	191%	333%	2523%	379%
ORANGE	650%	1184%	293%	198%	455%	1401%	493%
RIVERSIDE	366%	423%	253%	193%	557%	362%	N/A**
SAN BERNARDINO	269%	325%	285%	140%	218%	217%	439%
SAN DIEGO	490%	588%	366%	177%	287%	1023%	160%

*Refer to Appendix A, Closed Area Name, for identification of HFPAs within each Area designation.

**There are no licensed burn beds in these two areas of the state.

Service Codes		
	MS/ICU	Medical-Surgical & Intensive Care
	OB	Obstetrics
	NICU	Neonatal Intensive Care Unit
	PED	Pediatrics
	REHAB	Acute Rehabilitation
	BURN	Burn Center

Table 3 indicates that the statewide total for vacant licensed beds under SPCP contract was 397 percent greater than the Medi-Cal patient caseload required in 2010. The licensed beds and non-Medi-Cal patient caseload data were collected from the 2010 Annual Utilization Report of Hospitals from the Office of Statewide Health Planning and Development, which represents the most recent and complete report at the time this table was developed. Medi-Cal patient caseload data for 2010 was used in order to provide comparability to data derived from the 2010 Annual Utilization Report of Hospitals.

MEDI-CAL INPATIENT EXPENDITURES AND UTILIZATION

All days and dollars cited in this section are estimates for services provided in fiscal year 2010-11 based on fee-for-service (non-managed care) payments made by the State's Medi-Cal fiscal intermediary. The 21 Designated Public Hospitals (DPH) are receiving Medi-Cal payments based on their certified public expenditures (CPE) rather than a negotiated CMAC rate. Statewide, fee-for-service Medi-Cal expenditures for general acute care hospital inpatient services (excluding the CPE reimbursed hospitals) provided in fiscal year 2010-11 were approximately $3.8 billion in State and federal funds. Of this amount, approximately $2.8 billion, or 75.0 percent, was paid to SPCP contract hospitals (excluding CPEs). Non-contract hospitals accounted for the other 25.0 percent of the payments.

In fiscal year 2010-11, the Medi-Cal program purchased approximately 2.5 million days of inpatient hospital acute care at SPCP contract and non-contract hospitals. SPCP contract hospitals provided approximately 2.2 million patient days of care in fiscal year 2010-11, representing 86.3 percent of the total inpatient acute care days provided to Medi-Cal beneficiaries. Non-contract hospitals provided the remaining 13.7 percent of total inpatient acute care days.

The following Exhibits display the current distribution of Medi-Cal acute inpatient days and payments between SPCP contract and non-contract hospitals as well as their trends since the inception of the SPCP. The Distribution of Medi-Cal Acute Inpatient Days (Exhibit 2) includes the Medi-Cal Acute Inpatient Days associated with the 21 Designated Public Hospitals. The Distribution of Medi-Cal Acute Inpatient Payments (Exhibit 3) does not include the Medi-Cal Acute Inpatient Payments associated with the 21 DPHs.

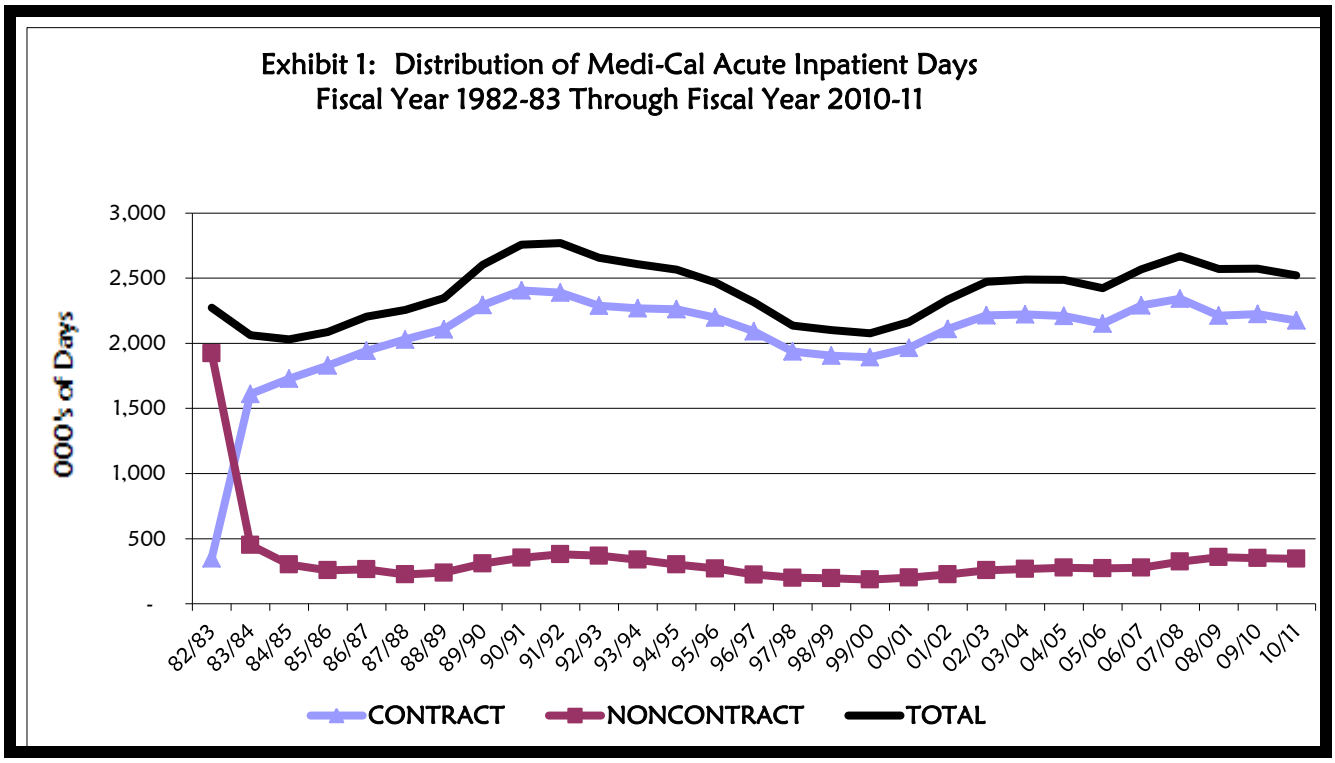


Exhibit 1: Distribution of Medi-Cal Acute Inpatient Days
Fiscal Year 1982-83 Through Fiscal Year 2010-11
000's of Days
3,000
2,500
2,000
1,500
1,000
500
-
82/83
83/84
84/85
85/86
86/87
87/88
88/89
89/90
90/91
91/92
92/93
93/94
94/95
95/96
96/97
97/98
98/99
99/00
00/01
01/02
02/03
03/04
04/05
05/06
06/07
07/08
08/09
09/10
10/11
CONTRACT
NONCONTRACT
TOTAL

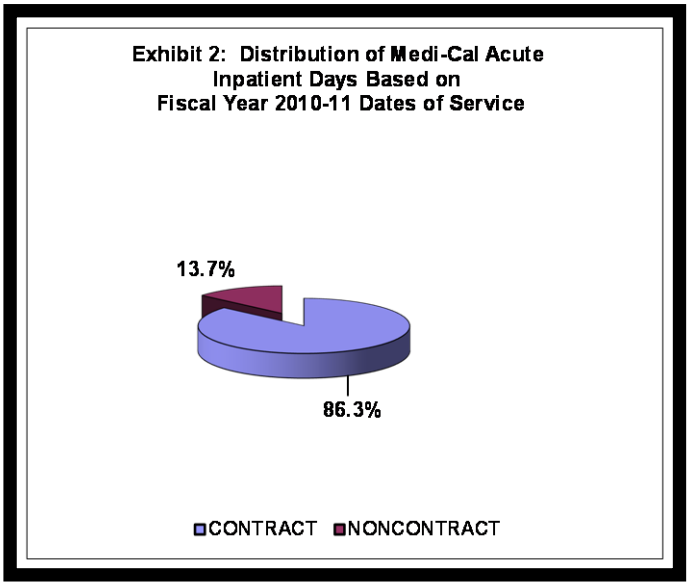


Exhibit 2: Distribution of Medi-Cal Acute
Inpatient Days Based on
Fiscal Year 2010-11 Dates of Service
13.7%
86.3%
CONTRACT
NONCONTRACT

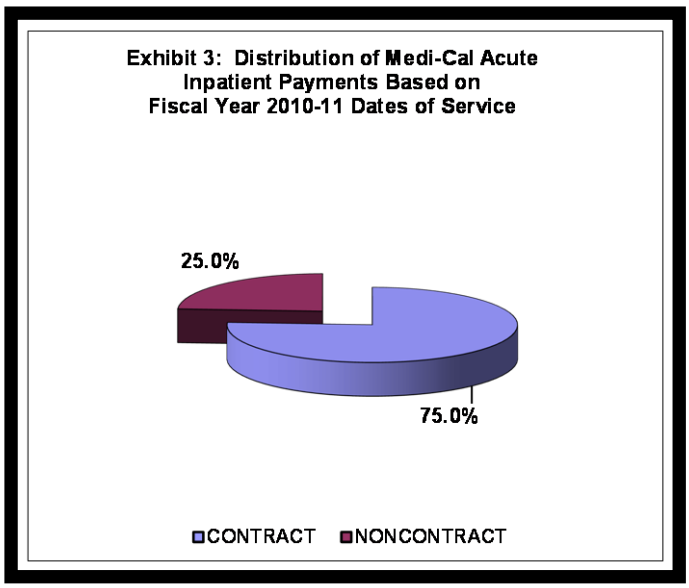


Exhibit 3: Distribution of Medi-Cal Acute
Inpatient Payments Based on
Fiscal Year 2010-11 Dates of Service
25.0%
75.0%
CONTRACT
NONCONTRACT

AVERAGE PAYMENT RATE CHANGES

Although CMAC continues to maintain contracts with 196 general acute care hospitals, as of December 1, 2011, only 175 of those contracts were for negotiated per diem rates. Twenty-one public hospitals are reimbursed on a certified public expenditures basis, as described in the Special Programs section of this report. The average per-day reimbursement received by the 175 general acute care hospitals with Medi-Cal SPCP per diem contracts on December 1, 2011 was $1,478, up from $1,465 on December 1, 2010. Amounts paid to the 21 public hospitals now reimbursed on a CPE basis were not included in the average per diem calculation. The overall increase in the statewide average resulted from the combination of the following effects during the twelve-month period:

- 37 contract hospitals received an increase in rates through the negotiation process; there were 119 such increases in the previous year;

- 2 general acute care hospitals either closed their doors or terminated their contracts;

Table 4 displays average contract rates by region and hospital size for calendar years 1984 through 2011. These numbers represent the average rate paid under SPCP contracts as of December 1 for each year reported. The average rate a SPCP contract hospital receives has increased 188.1 percent from 1984 through 2011, or approximately 3.9 percent per year on a compounded basis. This is in contrast to the historical change in the average payment rate to non-contracting hospitals. Under the cost-based reimbursement system, the average payment rate from 1984 to 2011 has increased 397.9 percent or approximately 5.9 percent per year on a compounded basis.

In calculating the average area rate for Medi-Cal contracts, there are many factors that contribute to the published area rate differentials. These factors include, but are not limited to, the number of hospitals in the area, the population each hospital serves, the services each hospital provides, the costs of these services, and bed availability.

TABLE 4

AVERAGE MEDI-CAL SPCP CONTRACT RATES AS OF DECEMBER 1, 2011

YEAR	1984	1987	1990	1993	1996	1999	2002	2005	2008	2010	2011
STATEWIDE	$513	$544	$651	$780	$836	$871	$991	$1,108	$1,363	$1,465	$1,478
BY COMBINED STATISTICAL AREA (CSA)*											
So. California	$516	$541	$662	$789	$837	$860	$952	$1,014	$1,268	$1,379	$1387
SF Bay Area	$562	$592	$682	$816	$873	$934	$1,178	$1,377	$1651	$1,723	$1,751
Other Areas	$483	$525	$620	$748	$815	$864	$999	$1,162	$1,429	$1,519	$1,541
BY NUMBER OF BEDS:											
1 – 99	$467	$480	$544	$647	$686	$746	$839	$926	$1,107	$1,164	$1,176
100 – 299	$511	$545	$653	$780	$842	$879	$982	$1,121	$1,423	$1,462	$1,474
300 +	$578	$619	$738	$871	$918	$981	$1,127	$1,232	$1,484	$1,644	$1,658

*CSA – Area designations of the U.S. Office of Management and Budget

Southern California =	Counties of Los Angeles, Orange, Riverside, San Bernardino and Ventura
San Francisco Bay Area =	Counties of Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma
Other Areas =	All other counties or CSAs containing an insufficient number of hospitals to allow for meaningful comparisons.

Sources: CMAC Management Information System and Annual OSHPD Utilization Report of Hospitals (calendar year 2009).

ANALYSIS OF FISCAL IMPACT OF SPCP CONTRACTING PROGRAM

The implementation of the SPCP has generated substantial General Fund savings. These General Fund savings have increased from less than $100.0 million per annum during the early years of the SPCP to the current estimate of $770.8 million in General Fund savings for fiscal year 2011-12.

For the past twenty-nine years, the fiscal impact of SPCP contracting has been monitored by comparing negotiated contract rates with estimates of what hospitals would have been paid under the cost-based reimbursement system. The Audits and Investigations Division of the DHCS compiles data on Medi-Cal allowable costs and utilization as reported by each hospital for every fiscal year. This information is used to calculate allowable costs per day for each hospital. This figure is then adjusted by statewide inpatient inflation

factors to arrive at a benchmark rate for each hospital.

These per day benchmark rates for contracting hospitals are then compared to actual CMAC negotiated rates. The number of days of service rendered by each hospital is multiplied by both the benchmark and the negotiated rate. The latter is subtracted from the former to show the SPCP savings estimate for each hospital. The result of adding the State General Fund savings figures for all non-CPE hospitals under contract as of December 1, 2011 is a projected SPCP General Fund expenditure estimated to be $770.8 million less than the total benchmark General Fund expenditure estimate for the year.

It is not possible to identify the amount of State General Fund savings produced by the SPCP with absolute certainty because it is difficult to accurately project what each contracting hospital would have received if the SPCP were discontinued and each hospital were to return to the cost-based reimbursement system. It is possible that hospitals would spend more than their estimated benchmarks because there would be less of an incentive to control costs under a cost-based reimbursement system. Thus, while CMAC continues to calculate estimated SPCP savings figures, CMAC is reluctant to precisely represent an exact figure as SPCP savings for a particular year.

Over the past few years, the Administration and the Legislature have adopted measures to reduce payments for hospital general acute care inpatient services provided to Medi-Cal beneficiaries by hospitals that do not participate in the SPCP. These measures were implemented, challenged by the providers, and then most of them enjoined by the courts while the cases are litigated. Most of those reductions were then ended by the State when the hospital quality assusrance fee program was implemented. Because of the limited implementation of these measures and the subsequent termination of the reductions, the 2012 annual report has continued to base the cost savings estimates on the same methodology used since the implementation of the SPCP.

FEDERAL WAIVER

Since its inception, the SPCP has operated under a federal waiver, in accordance with Section 1915(b)(4) of the Social Security Act. In August 2005, the SPCP waiver was approved as part of a larger five-year hospital reimbursement Medicaid demonstration project under the authority of Section 1115(a) of the Social Security Act. On November 2, 2010, the Centers for Medicare & Medicaid Services (CMS) approved a new federal waiver that encompassed an even broader range of revisions to many parts of the Medi-

Cal program. This latest federal waiver was also approved by CMS as a Medicaid demonstration project under the authority of Section 1115(a) of the Social Security Act. The most notable features of the current waiver include:

- increases and expands health care coverage to as many as 500,000 low-income uninsured residents by taking advantage of the Coverage Expansion and Enrollment Demonstration (CEED) offered in the Patient Protection and Affordable Care Act;

- continues the SPCP for private, public, and district hospitals, with CMAC continuing to negotiate rates for the hospital inpatient services these hospitals (except for DPHs) provide under the Medi-Cal program;

- expands the Safety Net Care Pool (SNCP), that is part of the state's existing waiver, to provide additional resources to support both safety net hospitals' uncompensated care costs and other critical state programs that are paid for through the SNCP;

- authorizes mandatory enrollment of seniors and persons with disabilities into managed care to achieve care coordination, to better manage chronic conditions, and to improve health outcomes;

- the waiver was approved for the five-year period September 1, 2010 through August 31, 2015.

In addition to the August 2005 1115(a) demonstration waiver, the Medi-Cal Hospital/Uninsured Care Demonstration Project Act (Senate Bill 1100, Chapter 560, Statutes of 2005) added Article 5.2, Section 14166, et. seq., to the Welfare and Institutions Code, which was amended by Assembly Bill 3070 (Chapter 327, Statutes of 2006). This act changed the methodology by which some public hospitals are reimbursed under the Medi-Cal program. These changes are summarized under the Special Programs section of this report.

Notwithstanding the hospital reimbursement changes referenced above, the SPCP has remained a cost-effective program. The SPCP continues to save the State substantial General Fund dollars when hospital per diem rates negotiated under the SPCP are compared to estimated Medi-Cal cost-based reimbursements.

SPECIAL PROGRAMS

In accordance with the Medi-Cal Hospital/Uninsured Care Demonstration Project Act (2005), the primary Medi-Cal reimbursement method for designated public (the University of California and county) hospitals is based on CPEs. The Act also eliminated the use of most intergovernmental transfers for CPE reimbursed public hospitals and established other funding mechanisms. While these DPHs still maintain SPCP contracts with the State, CMAC does not negotiate inpatient rates with the University of California and county hospitals for the hospital inpatient services they provide under the fee-for-service Medi-Cal program. Instead, the DHCS determines Medi-Cal reimbursement levels for these hospitals as specified in the Act. The 21 hospitals covered by this CPE reimbursement method are listed below:

ALAMEDA COUNTY MEDICAL CENTER
ARROWHEAD REGIONAL MEDICAL CENTER
CONTRA COSTA REGIONAL MEDICAL CENTER
KERN MEDICAL CENTER
LOS ANGELES CO. HARBOR/UCLA MEDICAL
LOS ANGELES CO. OLIVE VIEW MEDICAL
LOS ANGELES CO. RANCHO LOS AMIGOS
LOS ANGELES CO. USC MEDICAL CENTER
NATIVIDAD MEDICAL CENTER
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
RONALD REAGAN UCLA MEDICAL CENTER
SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
SAN JOAQUIN GENERAL HOSPITAL
SAN MATEO MEDICAL CENTER
SANTA CLARA VALLEY MEDICAL CENTER
UC IRVINE MEDICAL CENTER
UC DAVIS MEDICAL CENTER
UC MEDICAL CENTER-SAN DIEGO
UCLA - SANTA MONICA CAMPUS
UCSF HOSPITAL
VENTURA COUNTY MEDICAL CENTER

For private and nondesignated public (primarily district) hospitals, the Act continued the SPCP. CMAC continues to negotiate inpatient rates with private and district hospitals for the hospital acute care inpatient services they provide under the fee-for-service Medi-Cal program.

The Act also created new hospital supplemental payment programs, and restructured how supplemental payment programs are funded.

Private Hospital Supplemental Fund

The Medi-Cal Hospital/Uninsured Care Demonstration Project Act created the Private Hospital Supplemental Fund. (Welf. & Inst. § 14166.12.) Payments available to qualifying SPCP hospitals under the Private Hospital Supplemental Fund are based in part on the provisions in the Act, with the rest subject to negotiations with CMAC. The program is currently supported with State General Funds, which are matched by the federal government.

To be eligible for payments from the Private Hospital Supplemental Fund, private hospitals must meet criteria in current State law for the Emergency Services and Supplemental Payment Program, the Medi-Cal Medical Education Supplemental Payment or Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Programs, or the Small and Rural Hospital Supplemental Payment Program. Payments are no longer made from the funds that were established for these prior supplemental payment programs. As of the publication of this report, approximately $245.1 million in payments to eligible hospitals for State Fiscal Year 2011-12 have been approved by the CMAC. Payments for hospitals that meet the eligibility criteria are made solely from the Private Hospital Supplemental Fund. Eligibility criteria for these prior supplemental payment programs are as follows:

— Emergency Services and Supplemental Payment Program

The Emergency Services and Supplemental Payment Program was enacted in 1989 in response to threatened emergency department closures and trauma system collapse in Los Angeles County. (Welf. & Inst. § 14085.6.)

To be eligible for the Emergency Services and Supplemental Payment Program, a hospital must:

- be a contract hospital under the SPCP; and
- be a disproportionate share Medi-Cal provider (Welf. & Inst. §§ 14105.98 and 14163.); and
- demonstrate a purpose for additional funding including proposals for expanding and/or improving access to emergency room and other health care services; and
- be licensed to provide basic or comprehensive emergency services (or be a Children's' hospital which provides emergency services in conjunction with another hospital); or

- be a hospital designated by the National Cancer Institute as a comprehensive or clinical cancer research center.

— Medi-Cal Medical Education Supplemental Payment and Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Programs

Welfare and Institutions Code sections 14085.7 and 14085.8 were adopted in the mid-1990s to create two new supplemental payment programs in support of medical education. The purpose of such programs is to recognize medical education costs associated with health care services rendered to Medi-Cal beneficiaries.

To be eligible for these Medical Education programs, a hospital must:

- be a contract hospital under the SPCP; and

- be a university teaching hospital or major (non-university) teaching hospital, as defined in Welfare and Institutions Code section 14085.7; or

- be a large teaching-emphasis hospital, or children's hospital, as defined in Welfare and Institutions Code section 14085.8 and be eligible under the Disproportionate Share Hospital program as defined in Welfare and Institutions Code section 14105.98, subdivision (a)(3).

— Small and Rural Hospital Supplemental Payment Program

Welfare and Institutions Code section 14085.9 authorizes the Small and Rural Hospital Supplemental Payment Program. This program was established to provide supplemental reimbursements to small and rural hospitals with standby emergency rooms that do not qualify for reimbursement under the Emergency Services and Supplemental Payment Program. (Welf. & Inst. § 14085.6.)

To be eligible for this program, a hospital must be:

- a contract hospital under the SPCP; and

- a small and rural hospital; and

- a disproportionate share Medi-Cal provider (Welf. & Inst. §§ 14105.98 and 14163.); and

- licensed to provide standby emergency room services.

Nondesignated Public Hospital Supplemental Fund

The Medi-Cal Hospital/Uninsured Care Demonstration Project Act also established the Nondesignated Public Hospital Supplemental Fund. (Welf. & Inst. § 14166.17.) Nondesignated Public Hospitals (NDPH) are public hospitals defined in Welfare and Institutions Code section 14105.98(a)(25), excluding designated public hospitals reimbursed on a certified public expenditure basis, which participate under the SPCP. Nondesignated public hospitals are primarily district hospitals.

The Act continues the SPCP for NDPHs. CMAC continues to negotiate rates, terms and conditions with NDPHs for the hospital inpatient services they provide under the Medi-Cal program. To qualify for supplemental payments financed through the Nondesignated Public Hospital Supplemental Fund, NDPHs must also meet criteria in current State law for at least one of the following supplemental payment programs:

- Emergency Services and Supplemental Payment Program, or

- Medi-Cal Medical Education Supplemental Payment and Medi-Cal Large Teaching Emphasis Hospital and Children's Hospital Medical Education Supplemental Payment Programs, or

- Small and Rural Hospital Supplemental Payment Program.

In fiscal year 2011-12, as of the publication of this report, $5.3 million in payments to eligible hospitals have been approved by the Commission for hospitals eligible under this program.

For additional information regarding the above supplemental payment programs funded through the Nondesignated Public Hospital Supplemental Fund, please refer to the Private Hospital Supplemental Fund section of this report.

Construction and Renovation Reimbursement Program

Welfare and Institutions Code section 14085.5 authorizes the Construction and Renovation Reimbursement Program (CRRP). This program provides supplemental reimbursement for the debt service incurred on the revenue bonds for construction, renovation, or replacement of facilities or fixed equipment.

To be eligible for reimbursements under this program, a hospital must be:

- a contract hospital under SPCP; and
- serve a disproportionate number of Medi-Cal beneficiaries or other low income patients; and
- have a required plan for a new capital project funded by new debt submitted to the Office of Statewide Health Planning and Development after September 1, 1988 and prior to June 30, 1994.

While the CRRP is administered by the DHCS, the payment authority is incorporated into SPCP hospital contracts. During fiscal year 2011-12, an estimated $89.8 million in additional payments to hospitals will be made as a result of the CRRP program.

Distressed Hospital Fund

The Medi-Cal Hospital/Uninsured Care Demonstration Project Act also established a Distressed Hospital Fund (DHF) (Welf. & Inst. § 14166.23.) for SPCP contract hospitals that meet all of the following requirements, as determined by CMAC in its discretion:

- the hospital serves a substantial volume of Medi-Cal patients measured either as a percentage of the hospital's overall volume or by the total volume of Medi-Cal services furnished by the hospital; and
- the hospital is a critical component of the Medi-Cal program's health care delivery system, such that the Medi-Cal health care delivery system would be significantly disrupted if the hospital reduced its Medi-Cal services or no longer participated in the Medi-Cal program; and

- the hospital is facing a significant financial hardship that may impair its ability to continue its range of services for the Medi-Cal program.

The authority establishing the Distressed Hospital Fund (DHF) provided that CMAC could negotiate with SPCP hospitals that met the three statutory criteria for distributions from the DHF. (Welf. & Inst. § 14166.23.)

The Distressed Hospital Fund was established and funded for the five-year term of the 2005 1115(a) demonstration waiver. CMAC has committed all available Distressed funding at this time and will continue to consider all of its funding resources in an effort to be responsive to hospital financial needs within the constraints of the State budget and the objectives of the SPCP.

A second component of DHF funding may be distributed through SPCP negotiations if DHCS determines that additional stabilization funds are available based on the 2005 1115(a) waiver. As of the date of publication of this 2012 Annual Report, CMAC has not been notified by DHCS that additional stabilization funds or other sources are available for distribution in fiscal year 2011-12, or beyond.

Quality Assurance Fee

The Hospital Quality Assurance Fee Program establishes a Quality Assurance Fee (QAF) (a.k.a. provider fee) on general acute care hospitals and matches a portion of revenues collected from the QAF with federal funds in the Medi-Cal program. The QAF provides funding for supplemental payments, up to the aggregate federal upper payment limit, to hospitals that serve Medi-Cal and uninsured patients and provides direct grants to designated public hospitals (DPH).

AB 1383 (Chapter 627, Statutes of 2009) established the QAF program. For the initial QAF, which was for 21 months from April 1, 2009 to December 31, 2010, DHCS collected approximately $3.1 billion in fees from private hospitals, and distributed $5.7 billion in supplemental payments to hospitals. SB 90 (2010) extended the QAF program for an additional 6 months, from January 1, 2011 to June 30, 2011. For this six-month extension, DHCS collected $1 billion in fees from private hospitals, which resulted in the distribution of $1.9 billion in supplemental payments to hospitals. SB 335 (2011) extended the QAF program for another 30-month period covering July 1, 2011 to December 31, 2013, DHCS is to collect $7.1 billion in fees from private hospitals and is scheduled to distribute $12.4 billion in supplemental payments to hospitals when federal approval is received. Approval was pending at the time of this report's publication.

MANAGED CARE

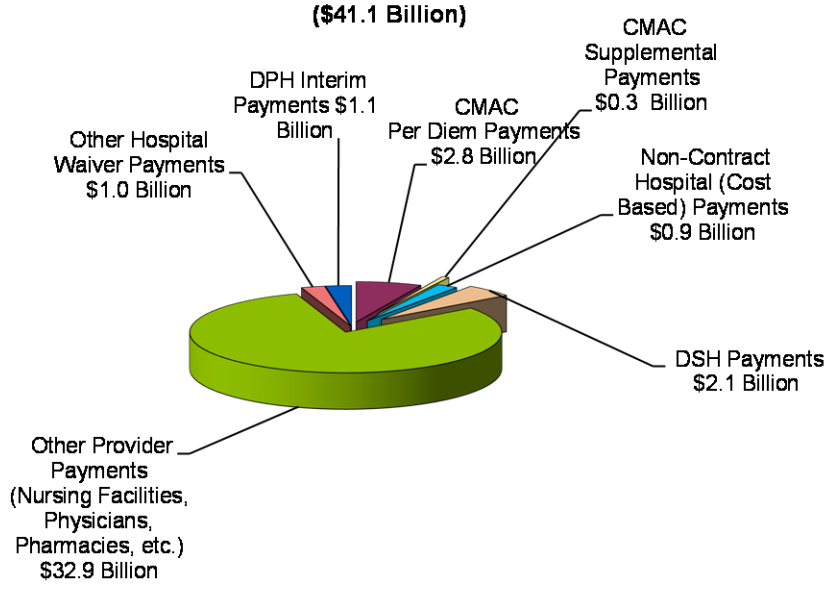
From the early 1990s until June 30, 2010, in addition to CMAC's role in SPCP per diem negotiations with hospitals, CMAC had been charged with negotiating contracts with health plans in both Geographic Managed Care (GMC) programs and with some of the State's County Organized Health Systems (COHS). Effective July 1, 2007, the responsibility for the COHS negotiations was transferred to the Department of Health Care Services (DHCS).

In 2010, legislation also shifted the responsibility for negotiating contracts with health plans in the two GMC programs to DHCS. As of July 1, 2010, CMAC no longer negotiated any managed care rates or contracts.

SCOPE OF CMAC NEGOTIATIONS

As shown in Exhibit 4, and as projected by the DHCS for the fiscal year 2010-11 Medi-Cal Estimate, CMAC negotiated roughly 6.0 percent of the total Medi-Cal program budget of $51.7 billion ($2.8 billion in SPCP inpatient per diem payments and $0.3 billion in supplemental program payments).

Exhibit 4: Estimated Fiscal Year 2010-11 Distribution of Payments for Medi-Cal Services, Excluding $10B in Payments to Managed Care Plans ($41.1 Billion)



Source: May 2011 Medi-Cal Estimate (Prepared by the California Department of Health Care Services). Estimated distributions are based on CMAC negotiations and Medi-Cal Paid Claims data.

UPCOMING PROGRAM CHANGES

As part of the Fiscal Year 2011-12 budget process, Governor Brown signed Assembly Bill 102 (Chapter 29, Statutes of 2011) on June 28, 2011. AB 102 enacted law to dissolve CMAC on June 30, 2012. Effective July 1, 2012, the law dictates that CMAC's powers, duties, and responsibilities will be transferred to the Director of DHCS.

In addition, AB 102 directs DHCS to design, develop and implement a diagnostic-related groups (DRG) payment system that would replace the SPCP. The DRG payment methodology is proposed to be implemented on July 1, 2013, or upon the date which the DHCS Director certifies that all federal approvals have been secured and the payment methodology is ready to be implemented, whichever is later. Until that implementation date, the Director of DHCS will continue the operation of the SPCP non-contract cost-based methodologies.

CONCLUSIONS

After 29 years of operation, the SPCP has continued to ensure access to hospital inpatient acute care services for Medi-Cal beneficiaries. Additionally, and importantly, the SPCP remains a cost-effective program for delivering and paying for hospital acute care inpatient services.

In fiscal year 2011-12, the SPCP has realized estimated State General Fund program savings of $770.8 million as a result of negotiating Medi-Cal acute inpatient per diem rates of reimbursement with hospitals. Over the 29 years of the SPCP, the State General Fund has realized accumulated estimated savings of $12.7 billion.

In addition to the savings resulting from SPCP hospital per diem negotiations, an estimated savings of $1.6 billion has accrued through negotiated rates with health plans participating in various Medi-Cal managed care programs for the time that the contract negotiations for these programs were under the responsibility of CMAC.

As described above, total savings resulting from CMAC negotiations over the life of its existence is roughly $ 14.3 billion.

In summary, the SPCP activities of CMAC have continued to: (1) ensure access for Medi-Cal beneficiaries to hospital inpatient services, and (2)

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In summary, the SPCP activities of CMAC have continued to: (1) ensure access for Medi-Cal beneficiaries to hospital inpatient services, and (2)

remain cost effective programs for delivering and paying for those services in fiscal year 2011-12. It is anticipated that SPCP savings and access will continue until the SPCP is replaced by the implementation of the DRG payment system, which is currently proposed to be July 1, 2013.

APPENDIX A

Contracting Status of HFPAs as of December 1, 2011

APPENDIX A

CONTRACTING STATUS OF HFPAs
AS OF DECEMBER 1, 2011

CLOSED AREA NAME	HFPA	HFPA NAME	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
	101	CRESCENT CITY	OPEN			
	103	HOOPA	OPEN			
	105	EUREKA	OPEN			
	107	FORTUNA	OPEN			
	109	GARBERVILLE	OPEN			
	111	FORT BRAGG	OPEN			
	112	WILLITS	OPEN			
	113	UKIAH	OPEN			
	115	LAKEPORT	OPEN			
	201	ALTURAS	OPEN			
	203	YREKA	OPEN			
	205	MOUNT SHASTA	OPEN			
	207	WEAVERVILLE	OPEN			
	209	REDDING	OPEN	1-Jun-84	1-Jul-89	
	210	FALL RIVER MILLS	OPEN			
	211	RED BLUFF	OPEN			
	213	SUSANVILLE	OPEN	1-Aug-83	27-Aug-96	
	215	QUINCY	OPEN			
	217	PORTOLA	OPEN			
	219	CHICO	OPEN	1-Sep-84	1-Jul-89	
	220	PARADISE	OPEN			
	221	OROVILLE	OPEN			
	223	WILLOWS	OPEN			
	225	COLUSA	OPEN			
	227	MARYSVILLE	OPEN			
	300	LOYALTON	OPEN			
	301	NEVADA CITY	OPEN			
	302	NORTH LAKE TAHOE	OPEN			
	304	PLACERVILLE	OPEN			
	306	SOUTH LAKE TAHOE	OPEN			
	308	AUBURN	OPEN			
SACRAMENTO	**309**	**ROSEVILLE**	**CLOSED**	**1-Jul-83**		
SACRAMENTO	**311**	**SACRAMENTO**	**CLOSED**	**1-Feb-83**		
	313	WOODLAND	OPEN	1-Jun-83	13-Jun-02	
	401	SANTA ROSA	OPEN			
	403	PETALUMA	OPEN			
SAN FRANCISCO BAY	**405**	**SAN RAFAEL**	**CLOSED**	**1-Jul-83**		
	407	NAPA	OPEN			
	408	FAIRFIELD	OPEN	1-Aug-83	1-Aug-85	
	409	VALLEJO	OPEN			
SAN FRANCISCO BAY	**411**	**CONCORD**	**CLOSED**	**1-Jul-83**		
SAN FRANCISCO BAY	**413**	**RICHMOND**	**CLOSED**	**1-Jul-83**		
SAN FRANCISCO BAY	**415**	**BERKELEY**	**CLOSED**	**1-Mar-83**		
SAN FRANCISCO BAY	**417**	**OAKLAND**	**CLOSED**	**1-Mar-83**		
	419	LIVERMORE	OPEN			
SAN FRANCISCO BAY	**421**	**HAYWARD**	**CLOSED**	**1-Mar-83**		
SAN FRANCISCO BAY	**423**	**SAN FRANCISCO**	**CLOSED**	**1-Feb-83**		
SAN FRANCISCO BAY	**425**	**DALY CITY**	**CLOSED**	**1-Feb-83**		
	427	SAN MATEO	OPEN			
SAN FRANCISCO BAY	**428**	**REDWOOD CITY**	**CLOSED**	**1-Mar-83**		

APPENDIX A

CONTRACTING STATUS OF HFPAs
AS OF DECEMBER 1, 2011

CLOSED AREA NAME	HFPA	HFPA NAME	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
SAN FRANCISCO BAY	429	PALO ALTO	CLOSED	1-Mar-83		
SAN FRANCISCO BAY	431	SAN JOSE	CLOSED	1-Mar-83		
	433	GILROY	OPEN			
	501	JACKSON	OPEN			
	503	SAN ANDREAS	OPEN			
SAN JOAQUIN VALLEY	505	LODI	CLOSED	1-Jul-83		
SAN JOAQUIN VALLEY	507	STOCKTON	CLOSED	1-Aug-87		
SAN JOAQUIN VALLEY	509	TRACY	CLOSED	1-Jul-83		
SAN JOAQUIN VALLEY	511	MODESTO	CLOSED	1-Jun-83		
SAN JOAQUIN VALLEY	513	SONORA	OPEN	1-Jun-83	12-Jun-08	
SAN JOAQUIN VALLEY	515	MERCED	CLOSED	1-Jun-83		
SAN JOAQUIN VALLEY	516	TURLOCK	CLOSED	1-Jun-83		
	517	LOS BANOS	OPEN	1-Jun-83	9-Aug-01	
SAN JOAQUIN VALLEY	601	MADERA	CLOSED	1-Jul-83		
	603	MARIPOSA	OPEN			
SAN JOAQUIN VALLEY	605	FRESNO	CLOSED	1-Jul-83		
	607	REEDLEY	OPEN	1-Jun-83	1-Jul-01	
	608	DINUBA	OPEN	1-Jun-83	9-Mar-00	
	609	COALINGA	OPEN			
	611	VISALIA	OPEN			
	613	PORTERVILLE	OPEN			
	615	HANFORD	OPEN			
SAN JOAQUIN VALLEY	617	BAKERSFIELD	CLOSED	1-Aug-83		
	619	KERN RIVER VALLEY	OPEN			
	621	RIDGECREST	OPEN			
	623	TEHACHAPI	OPEN			
	625	TAFT	OPEN			
	701	HOLLISTER	OPEN			
COASTAL	703	SANTA CRUZ	CLOSED	1-Jun-83		
	705	SALINAS	OPEN	1-Jul-86	1-Feb-90	
	707	MONTEREY	OPEN	1-Jan-86	1-Feb-90	
	709	KING CITY	OPEN	1-Jul-86	1-Jul-89	
	711	WATSONVILLE	OPEN	27-Nov-85	23-Mar-93	
COASTAL	801	SAN LUIS OBISPO	CLOSED	1-Jun-83		
	803	SANTA MARIA	OPEN			
	805	LOMPOC	OPEN			
	807	SANTA BARBARA	OPEN			
COASTAL	809	VENTURA	CLOSED	1-Jul-83		
COASTAL	811	OXNARD	CLOSED	1-Jul-83		
LOS ANGELES	901	LANCASTER	CLOSED	1-Jul-83		
LOS ANGELES	903	SAN FERNANDO	CLOSED	1-Apr-83		
LOS ANGELES	905	VAN NUYS	CLOSED	1-Apr-83		
LOS ANGELES	907	BURBANK	CLOSED	1-Apr-83		
LOS ANGELES	909	GLENDALE	CLOSED	1-Apr-83		
LOS ANGELES	911	PASADENA	CLOSED	1-Apr-83		
LOS ANGELES	913	WEST SAN GABRIEL	CLOSED	1-Apr-83		
LOS ANGELES	915	EAST SAN GABRIEL	CLOSED	1-Apr-83		
LOS ANGELES	917	POMONA	CLOSED	1-Apr-83		
LOS ANGELES	919	WHITTIER	CLOSED	1-Apr-83		
LOS ANGELES	921	DOWNEY-NORWALK	CLOSED	1-Apr-83		

APPENDIX A

CONTRACTING STATUS OF HFPAs
AS OF DECEMBER 1, 2011

CLOSED AREA NAME	HFPA	HFPA NAME	AREA STATUS	CLOSURE DATE	REOPEN DATE	RECLOSURE DATE
LOS ANGELES	923	LYNWOOD	CLOSED	1-Feb-83		
LOS ANGELES	925	LOS ANGELES	CLOSED	1-Apr-83		
LOS ANGELES	927	SANTA MONICA	CLOSED	1-Apr-83		
LOS ANGELES	929	INGLEWOOD	CLOSED	1-Jan-85	1-Feb-86	1-Jun-92
LOS ANGELES	931	TORRANCE	CLOSED	15-Aug-84	1-Feb-90	24-May-94
LOS ANGELES	933	LONG BEACH	CLOSED	1-Feb-83		
LOS ANGELES	935	WATTS	CLOSED	1-Apr-83		
LOS ANGELES	937	LA CANADA	CLOSED	1-Apr-83		
ORANGE	1011	FULLERTON	CLOSED	1-Nov-84		
ORANGE	1012	ANAHEIM	CLOSED	1-May-83		
ORANGE	1013	BUENA PARK	CLOSED	1-May-83		
ORANGE	1014	HUNTINGTON BEACH	CLOSED	1-May-83	17-Nov-90	25-Mar-10
ORANGE	1015	SANTA ANA	CLOSED	1-May-83		
	1016	NEWPORT BEACH	OPEN			
	1017	SOUTH ORANGE	OPEN			
	1101	BLYTHE	OPEN			
RIVERSIDE	1103	INDIO	CLOSED	11-Jul-95		
RIVERSIDE	1105	PALM SPRINGS	CLOSED	1-Jul-83		
RIVERSIDE	1107	BANNING	CLOSED	1-Aug-83		
RIVERSIDE	1109	HEMET	CLOSED	1-Jul-83		
RIVERSIDE	1111	RIVERSIDE	CLOSED	1-Jul-83		
	1201	SOUTHERN INYO	OPEN			
	1203	NORTHERN INYO	OPEN			
	1205	MONO COUNTY	OPEN			
SAN BERNARDINO	1207	W. SAN BERNARDINO	CLOSED	1-Jul-83		
SAN BERNARDINO	1209	SAN BERNARDINO	CLOSED	1-Jun-83		
	1211	VICTOR VALLEY	OPEN			
	1213	BARSTOW	OPEN			
	1214	MORONGO BASIN	OPEN			
	1215	NEEDLES	OPEN			
	1217	BEAR VALLEY	OPEN			
SAN DIEGO	1412	INLND N. SAN DIEGO CO	CLOSED	1-Apr-83		
SAN DIEGO	1414	CSTAL N. SAN DIEGO CO	CLOSED	1-Apr-83		
SAN DIEGO	1416	NORTH SAN DIEGO CITY	CLOSED	1-Jul-83		
SAN DIEGO	1418	CNTRL SAN DIEGO CITY	CLOSED	1-Feb-83		
SAN DIEGO	1420	SOUTH SAN DIEGO CO	CLOSED	1-Feb-83		
SAN DIEGO	1422	EAST SAN DIEGO CO	CLOSED	1-Feb-83		
	1424	IMPERIAL COUNTY	OPEN			

SOURCE: California Medical Assistance Commission Management Information System

CMAC since its inception in 1982 has never formally recognized or created an "HFPA 813", although after 1982 HFPA 811 was bifurcated by OSHPD into HFPA 811 and HFPA 813. CMAC did not adopt this change and has continued to include all hospitals and data for HFPA 813 in HFPA 811. Therefore, there is no reference to HFPA 813 in this report.

APPENDIX B

Medi-Cal Hospital Contracting Status as of December 1, 2011

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
AS OF DECEMBER 1, 2011

COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			940		NC	SHASTA REGIONAL MEDICAL CENTER
			949		NC	MERCY MEDICAL CENTER
			4012	C		NORTHERN CALIFORNIA REHABILITATION HOSPITAL
			4013		NC	PATIENTS HOSPITAL OF REDDING
SHASTA	**REDDING**	**209**		**1**	**3**	
			802		NC	BIGGS GRIDLEY MEMORIAL HOSPITAL
			937	C		OROVILLE HOSPITAL
BUTTE	**OROVILLE**	**221**		**1**	**1**	
			950	C		MERCY SAN JUAN HOSPITAL
			1000		NC	SUTTER ROSEVILLE MEDICAL CENTER
			4029	C		MERCY HOSPITAL OF FOLSOM
			4024		NC	KAISER FOUNDATION HOSPITAL
			4035		NC	KINDRED HOSPITAL - SACRAMENTO
PLACER/SACRAMENTO	**ROSEVILLE**	**309**	**TOTAL**	**2**	**3**	
			913		NC	KAISER FOUNDATION HOSPITAL - SACRAMENTO
			947	C		MERCY GENERAL HOSPITAL
			951	C		METHODIST HOSPITAL OF SACRAMENTO
			1006	C		UC DAVIS MEDICAL CENTER
			1051	C		SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (2 Service Sites)
			2344	C		KAISER FOUNDATION HOSPITAL - SOUTH SACRAMENTO
			4114		NC	SHRINER'S HOSPITALS FOR CHILDREN
SACRAMENTO	**SACRAMENTO**	**311**	**TOTAL**	**5**	**2**	
			992		NC	KAISER FOUNDATION HOSPITAL - SAN RAFAEL
			993	C		KENTFIELD REHABILITATION HOSPITAL
			1006	C		MARIN GENERAL HOSPITAL
			4035	C		NOVATO COMMUNITY HOSPITAL
MARIN	**SAN RAFAEL**	**405**	**TOTAL**	**3**	**1**	
			924	C		CONTRA COSTA REGIONAL MEDICAL CENTER
			934		NC	SUTTER DELTA MEDICAL CENTER
			988		NC	JOHN MUIR MEMORIAL HOSPITAL
			990		NC	KAISER FOUNDATION HOSPITAL - WALNUT CREEK
			1018		NC	MT. DIABLO MEDICAL CENTER
			4017		NC	SAN RAMON REGIONAL MEDICAL CENTER (2 Service Sites)
			4097		NC	KAISER FOUNDATION HOSPITAL - ANTIOCH
CONTRA COSTA	**CONCORD**	**411**	**TOTAL**	**1**	**6**	
			904	C		DOCTORS MEDICAL CENTER - SAN PABLO
			4093		NC	KAISER FOUNDATION HOSPITAL - RICHMOND
CONTRA COSTA	**RICHMOND**	**413**	**TOTAL**	**1**	**1**	
			739	C		ALTA BATES MEDICAL CENTER (2 Service Sites)
ALAMEDA	**BERKELEY**	**415**	**TOTAL**	**1**	**0**	
			735		NC	ALAMEDA HOSPITAL
			776	C		CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND
			846	C		*ALAMEDA CO. MEDICAL CENTER - HIGHLAND*
			856		NC	KAISER FOUNDATION HOSPITAL - OAKLAND
			937	C		SUMMIT MEDICAL CENTER (2 Service Sites)
ALAMEDA	**OAKLAND**	**417**	**TOTAL**	**3**	**2**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
AS OF DECEMBER 1, 2011

COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			805		NC	*EDEN MEDICAL CENTER (2 Service Sites)*
			811	C		*ALAMEDA CO. MEDICAL CENTER - FAIRMONT*
			858		NC	KAISER FOUNDATION HOSPITAL - HAYWARD (2 Service Sites)
			887	C		KINDRED HOSPITAL - S.F. BAY AREA
			967	C		ST. ROSE HOSPITAL
			987	C		WASHINGTON HOSPITAL - FREMONT
			3619		NC	*SAN LEANDRO HOSPITAL*
ALAMEDA	**HAYWARD**	**421**	**TOTAL**	**4**	**3**	
			857		NC	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO
			865		NC	LAGUNA HONDA HOSPITAL & REHABILITATION CENTER
			929	C		*CALIFORNIA PACIFIC MEDICAL CENTER (2 Service Sites)*
			933	C		*DAVIES MEDICAL CENTER*
			939	C		SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER
			960	C		ST. FRANCIS MEMORIAL HOSPITAL
			964	C		ST. LUKE'S HOSPITAL
			965	C		ST. MARY'S HOSPITAL AND MEDICAL CENTER
			1154	C		UCSF HOSPS & CLINICS & MT. ZION MEDICAL CENTER OF THE UCSF (2 Service Sites)
			2715	C		CHINESE HOSPITAL
SAN FRANCISCO	**SAN FRANCISCO**	**423**	**TOTAL**	**8**	**2**	
			806		NC	KAISER FOUNDATION HOSPITAL - S. SAN FRANCISCO
			817	C		SETON MEDICAL CENTER
SAN MATEO	**DALY CITY**	**425**	**TOTAL**	**1**	**1**	
			742		NC	MILLS HEALTH CENTER (2 Service Sites)
			782	C		SAN MATEO MEDICAL CENTER
			828		NC	SETON MEDICAL CENTER - COASTSIDE
SAN MATEO	**SAN MATEO**	**427**	**TOTAL**	**1**	**2**	
			804		NC	KAISER FOUNDATION HOSPITAL - REDWOOD CITY
			891	C		SEQUOIA HOSPITAL
			4018		NC	MENLO PARK SURGICAL HOSPITAL
SAN MATEO	**REDWOOD CITY**	**428**	**TOTAL**	**1**	**2**	
			763	C		EL CAMINO HOSPITAL OF MOUNTAIN VIEW
			805		NC	KAISER FOUNDATION HOSPITAL - SANTA CLARA
			905	C		STANFORD HOSPITAL AND CLINICS
			4040	C		LUCILE SALTER PACKARD CHILDREN'S HOSP. STANFORD
SANTA CLARA	**PALO ALTO**	**429**	**TOTAL**	**3**	**1**	
			705		NC	REGIONAL MEDICAL OF SAN JOSE
			743		NC	EL CAMINO HOSPITAL LOS GATOS
			779	C		GOOD SAMARITAN HOSPITAL OF SANTA CLARA VALLEY (*2* Service Sites*)*
			837	C		O'CONNOR HOSPITAL
			883	C		SANTA CLARA VALLEY MEDICAL CENTER
			1506		NC	KAISER FOUNDATION HOSPITAL - SANTA TERESA
			4051		NC	CHILDREN'S RECOVERY CENTER OF NORTHERN CA
SANTA CLARA	**SAN JOSE**	**431**	**TOTAL**	**3**	**4**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
AS OF DECEMBER 1, 2011

COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			846	C		DAMERON HOSPITAL
			1010	C		SAN JOAQUIN GENERAL HOSPITAL
			1042		NC	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON
			2287		NC	DOCTORS HOSPITAL OF MANTECA
			4009		NC	KAISER FOUNDATION HOSPITAL - MANTECA (2 Service Sites)
SAN JOAQUIN	**STOCKTON**	**507**	**TOTAL**	**2**	**3**	
			1056	C		SUTTER TRACY COMMUNITY HOSPITAL
SAN JOAQUIN	**TRACY**	**509**	**TOTAL**	**1**	**0**	
			852	C		DOCTORS MEDICAL CENTER OF MODESTO
			939	C		MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO
			954		NC	KINDRED HOSPITAL - MODESTO
			967	C		OAK VALLEY DISTRICT HOSPITAL
			4038		NC	STANISLAUS SURGICAL HOSPITAL
			4042		NC	KAISER FOUNDATION HOSPITAL - MODESTO (2 Service Sites)
STANISLAUS	**MODESTO**	**511**	**TOTAL**	**3**	**3**	
			942	C		MERCY MEDICAL CENTER MERCED
MERCED	**MERCED**	**515**	**TOTAL**	**1**	**0**	
			867	C		EMANUEL MEDICAL CENTER
STANISLAUS	**TURLOCK**	**516**	**TOTAL**	**1**	**0**	
			1281	C		MADERA COMMUNITY HOSPITAL
			4019	C		CHILDREN'S HOSPITAL OF CENTRAL CALIFORNIA
MADERA	**MADERA**	**601**	**TOTAL**	**2**	**0**	
			717	C		FRESNO COMMUNITY HOSPITAL & MED CENTER
			899	C		ST. AGNES MEDICAL CENTER
			4016	C		COMMUNITY MEDICAL CENTER - CLOVIS
			4023	C		SAN JOAQUIN VALLEY REHABILITATION HOSPITAL
			4047		NC	FRESNO SURGERY CENTER
			4062		NC	KAISER FOUNDATION HOSPITAL - FRESNO
			5029		NC	FRESNO HEART HOSPITAL
FRESNO	**FRESNO**	**605**	**TOTAL**	**4**	**3**	
			734		NC	KAWEAH DELTA DISTRICT HOSPITAL
			816	C		TULARE REGIONAL MEDICAL CENTER
TULARE	**VISALIA**	**611**	**TOTAL**	**1**	**1**	
			706	C		DELANO REGIONAL MEDICAL CENTER
			722		NC	BAKERSFIELD MEMORIAL HOSPITAL
			736	C		KERN MEDICAL CENTER
			761		NC	MERCY HOSPITAL - BAKERSFIELD (2 Service Sites)
			775	C		GOOD SAMARITAN HOSPITAL
			788		NC	SAN JOAQUIN COMMUNITY HOSPITAL
			4022	C		HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL
			4101		NC	BAKERSFIELD HEART HOSPITAL
KERN	**BAKERSFIELD**	**617**	**TOTAL**	**4**	**4**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
BY AREA
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			755	C		DOMINICAN HOSPITAL (2 Service Sites)
			4012		NC	SUTTER MATERNITY & SURGERY CENTER
				==========	==========	
SANTA CRUZ	**SANTA CRUZ**	**703**	**TOTAL**	**1**	**1**	
			875	C		SALINAS VALLEY MEMORIAL HOSPITAL
			4043	C		NATIVIDAD MEDICAL CENTER
				==========	==========	
MONTEREY	**SALINAS**	**705**	**TOTAL**	**2**	**0**	
			466		NC	ARROYO GRANDE COMMUNITY HOSPITAL
			480		NC	FRENCH HOSPITAL MEDICAL CENTER
			524	C		SIERRA VISTA REGIONAL MEDICAL CENTER
			548	C		TWIN CITIES COMMUNITY HOSPITAL
				==========	==========	
SAN LUIS OBISPO	**SAN LUIS OBISPO**	**801**	**TOTAL**	**2**	**2**	
			473	C		COMMUNITY MEMORIAL HOSPITAL OF SAN BUENAVENTURA
			481	C		VENTURA COUNTY MEDICAL CENTER (2 Service Sites)
			501		NC	OJAI VALLEY COMMUNITY HOSPITAL
				==========	==========	
VENTURA	**VENTURA**	**809**	**TOTAL**	**2**	**1**	
			492	C		LOS ROBLES REGIONAL MEDICAL CENTER (2 service sites)
			508	C		ST. JOHN'S PLEASANT VALLEY HOSPITAL
			525	C		SIMI VALLEY HOSPITAL & HEALTH CARE CENTER
			529	C		ST. JOHN'S REGIONAL MEDICAL CENTER
			4121		NC	THOUSAND OAKS SURGICAL HOSPITAL
				==========	==========	
VENTURA	**OXNARD**	**811**	**TOTAL**	**4**	**1**	
			34	C		ANTELOPE VALLEY HOSPITAL MEDICAL CENTER
			455		NC	LANCASTER COMMUNITY HOSPITAL
			6405		NC	PALMDALE REGIONAL MEDICAL CENTER
				==========	==========	
LOS ANGELES	**LANCASTER**	**901**	**TOTAL**	**1**	**2**	
			385	C		PROVIDENCE HOLY CROSS MEDICAL CENTER
			949	C		HENRY MAYO NEWHALL MEMORIAL HOSPITAL
			1231	C		*LOS ANGELES CO. OLIVE VIEW MEDICAL CENTER*
				==========	==========	
LOS ANGELES	**SAN FERNANDO**	**903**	**TOTAL**	**3**	**0**	
			280		NC	ENCINO HOSPITAL MEDICAL CENTER
			432		NC	KAISER FOUNDATION HOSPITAL - PANORAMA CITY
			517	C		PROVIDENCE TARZANA MEDICAL CENTER
			524	C		MISSION COMMUNITY HOSPITAL
			552		NC	MOTION PICTURE & TELEVISION HOSPITAL
			568	C		NORTHRIDGE HOSPITAL MEDICAL CENTER - ROSCOE BLVD.
			708		NC	SHERMAN OAKS HOSPITAL AND HEALTH CENTER
			812	C		VALLEY PRESBYTERIAN HOSPITAL
			859		NC	WEST HILLS HOSPITAL & MEDICAL CENTER
			1450		NC	KAISER FOUNDATION HOSPITAL - WOODLAND HILLS
				==========	==========	
LOS ANGELES	**VAN NUYS**	**905**	**TOTAL**	**4**	**6**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			696	C		PACIFICA HOSPITAL OF THE VALLEY
			758	C		PROVIDENCE ST. JOSEPH MEDICAL CENTER
LOS ANGELES	**BURBANK**	**907**	**TOTAL**	**2**	**0**	
			323	C		GLENDALE ADVENTIST MEDICAL CENTER WILSON TERRACE
			522	C		GLENDALE MEMORIAL HOSPITAL & HEALTH CENTER
LOS ANGELES	**GLENDALE**	**909**	**TOTAL**	**2**	**0**	
			400	C		HUNTINGTON MEMORIAL HOSPITAL
LOS ANGELES	**PASADENA**	**911**	**TOTAL**	**1**	**0**	
			17	C		ALHAMBRA HOSPITAL MEDICAL CENTER
			176	C		CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL
			200	C		SAN GABRIEL VALLEY MEDICAL CENTER
			315	C		GARFIELD MEDICAL CENTER
			352	C		GREATER EL MONTE COMMUNITY HOSPITAL
			529	C		METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
			541		NC	MONROVIA MEMORIAL HOSPITAL
			547	C		MONTEREY PARK HOSPITAL
LOS ANGELES	**WEST SAN GABRIEL**	**913**	**TOTAL**	**7**	**1**	
			49	C		VISTA HOSPITAL OF SAN GABRIEL VALLEY
			298	C		FOOTHILL PRESBYTERIAN HOSPITAL
			328	C		EAST VALLEY HOSPITAL MEDICAL CENTER
			413	C		*CITRUS VALLEY MEDICAL CENTER - INTERCOMMUNITY*
			458		NC	KINDRED HOSPITAL - SAN GABRIEL VALLEY
			636	C		*CITRUS VALLEY MEDICAL CENTER - QUEEN OF THE VALLEY*
			857	C		DOCTORS HOSPITAL OF WEST COVINA
			6035		NC	KAISER FOUNDATION HOSPITAL - BALDWIN PARK
LOS ANGELES	**EAST SAN GABRIEL**	**915**	**TOTAL**	**6**	**2**	
			137	C		CASA COLINA HOSPITAL FOR REHABILITATIVE MEDICINE
			630	C		POMONA VALLEY COMMUNITY HOSPITAL
			673		NC	SAN DIMAS COMMUNITY HOSPITAL
LOS ANGELES	**POMONA**	**917**	**TOTAL**	**2**	**1**	
			81	C		BEVERLY HOSPITAL
			631	C		PRESBYTERIAN INTERCOMMUNITY HOSPITAL
			883	C		WHITTIER HOSPITAL MEDICAL CENTER
LOS ANGELES	**WHITTIER**	**919**	**TOTAL**	**3**	**0**	
			66	C		BELLFLOWER MEDICAL CENTER
			159	C		TRI CITY REGIONAL MEDICAL CENTER
			243	C		DOWNEY REGIONAL MEDICAL CENTER
			449		NC	KINDRED HOSPITAL - LA MIRADA
			570	C		*NORWALK COMMUNITY HOSPITAL*
			599	C		*PROMISE HOSPITAL OF EAST L.A. - SUBURBAN MED CENTER*
			766	C		COAST PLAZA DOCTORS HOSPITAL
			1306	C		*LOS ANGELES CO. RANCHO LOS AMIGOS MEDICAL CENTER*
			6403		NC	KAISER FOUNDATION HOSPITAL - DOWNEY
LOS ANGELES	**DOWNEY/NORWALK**	**921**	**TOTAL**	**7**	**2**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			197	C		COMMUNITY AND MISSION HOSPITALS OF HUNTINGTON PARK
			754	C		ST. FRANCIS MEDICAL CENTER
LOS ANGELES	**LYNWOOD**	**923**	**TOTAL**	**2**	**0**	
			52	C		BARLOW RESPIRATORY HOSPITAL
			125	C		CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES
			170	C		CHILDREN'S HOSPITAL OF LOS ANGELES
			198	C		*LOS ANGELES COMMUNITY HOSPITAL*
			256	C		EAST LOS ANGELES DOCTORS HOSPITAL
			307	C		PACIFIC ALLIANCE MEDICAL CENTER
			380	C		HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD
			382	C		HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
			392	C		GOOD SAMARITAN HOSPITAL
			429		NC	KAISER FOUNDATION HOSPITAL - LOS ANGELES
			468	C		*PROMISE HOSPITAL OF EAST LOS ANGELES*
			534		NC	OLYMPIA MEDICAL CENTER
			555	C		CEDARS SINAI MEDICAL CENTER
			661	C		SILVER LAKE MEDICAL CENTER
			681		NC	MIRACLE MILE MEDICAL CENTER
			712		NC	SHRINER'S HOSPITAL FOR CHILDREN
			762	C		ST. VINCENT MEDICAL CENTER
			784	C		TEMPLE COMMUNITY HOSPITAL
			854	C		LOS ANGELES METROPOLITAN MEDICAL CENTER
			878	C		WHITE MEMORIAL MEDICAL CENTER
			1216	C		USC KENNETH NORRIS, JR. CANCER HOSPITAL
			1228	C		*LOS ANGELES CO. USC MEDICAL CENTER*
			4219	C		USC UNIVERSITY HOSPITAL
LOS ANGELES	**LOS ANGELES**	**925**	**TOTAL**	**19**	**4**	
			110	C		BROTMAN MEDICAL CENTER
			434		NC	KAISER FOUNDATION HOSPITAL - WEST LOS ANGELES
			500		NC	MARINA DEL REY HOSPITAL
			687	C		SANTA MONICA-UCLA MEDICAL CENTER
			756		NC	ST. JOHN'S HOSPITAL AND HEALTH CENTER
			796	C		RONALD REAGAN UCLA MEDICAL CENTER
LOS ANGELES	**SANTA MONICA**	**927**	**TOTAL**	**3**	**3**	
			148	C		CENTINELA HOSPITAL MEDICAL CENTER
			196		NC	VISTA HOSPITAL OF SOUTH BAY
			305	C		KINDRED HOSPITAL - LOS ANGELES
			521	C		MEMORIAL HOSPITAL OF GARDENA
LOS ANGELES	**INGLEWOOD**	**929**	**TOTAL**	**3**	**1**	
			422	C		TORRANCE MEMORIAL MEDICAL CENTER
			470	C		PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER - TORRANCE
LOS ANGELES	**TORRANCE**	**931**	**TOTAL**	**2**	**0**	
			45		NC	CATALINA ISLAND MEDICAL CENTER
			53	C		ST. MARY MEDICAL CENTER
			240	C		LAKEWOOD REGIONAL MEDICAL CENTER
			431		NC	KAISER FOUNDATION HOSPITAL - HARBOR CITY
			475		NC	COMMUNITY HOSPITAL OF LONG BEACH
			525	C		LONG BEACH MEMORIAL MEDICAL CENTER
			587	C		PACIFIC HOSPITAL OF LONG BEACH
			680	C		PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER - SAN PEDRO
			1227	C		*LOS ANGELES CO. HARBOR/UCLA MEDICAL CENTER*
			6168	C		MILLER CHILDREN'S HOSPITAL
LOS ANGELES	**LONG BEACH**	**933**	**TOTAL**	**7**	**3**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			1127		NC	KINDRED HOSPITAL - BREA
			1132		NC	KAISER FOUNDATION HOSPITAL - ANAHEIM
			1297		NC	PLACENTIA-LINDA COMMUNITY HOSPITAL
			1342	C		ST. JUDE MEDICAL CENTER
ORANGE	**FULLERTON**	**1011**	**TOTAL**	**1**	**3**	
			1097		NC	ANAHEIM GENERAL HOSPITAL
			1098		NC	ANAHEIM MEMORIAL MEDICAL CENTER
			1167		NC	KINDRED HOSPITAL - SANTA ANA
			1188	C		WESTERN MEDICAL CENTER - ANAHEIM
			1283	C		GARDEN GROVE HOSPITAL AND MEDICAL CENTER
			1379		NC	WEST ANAHEIM MEDICAL CENTER
ORANGE	**ANAHEIM**	**1012**	**TOTAL**	**2**	**4**	
			1234		NC	LA PALMA INTERCOMMUNITY HOSPITAL
			1248	C		LOS ALAMITOS MEDICAL CENTER
ORANGE	**BUENA PARK**	**1013**	**TOTAL**	**1**	**1**	
			225		NC	ORANGE COAST MEMORIAL MEDICAL CENTER
			1175	C		FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CENTER (2 Service Sites)
			1209		NC	HUNTINGTON BEACH HOSPITAL
			1380	C		KINDRED HOSPITAL - WESTMINSTER
ORANGE	**HUNTINGTON BEACH**	**1014**	**TOTAL**	**2**	**2**	
			32	C		CHILDREN'S HOSPITAL OF ORANGE COUNTY
			1140	C		CHAPMAN GENERAL HOSPITAL
			1258	C		COASTAL COMMUNITIES HOSPITAL
			1279	C		U.C. IRVINE MEDICAL CENTER
			1340	C		ST. JOSEPH HOSPITAL - ORANGE
			1357	C		TUSTIN HOSPITAL MEDICAL CENTER
			1566	C		WESTERN MEDICAL CENTER - SANTA ANA
			4045		NC	IRVINE REGIONAL HOSPITAL & MEDICAL CENTER
			4079	C		TUSTIN REHABILITATION HOSPITAL
			4159	C		HEALTHBRIDGE CHILDREN'S REHABILITATION HOSPITAL
			4306		NC	KAISER FOUNDATION HOSPITAL - IRVINE
ORANGE	**SANTA ANA**	**1015**	**TOTAL**	**9**	**2**	
			1216	C		JOHN F. KENNEDY MEMORIAL HOSPITAL
RIVERSIDE	**INDIO**	**1103**	**TOTAL**	**1**	**0**	
			1164	C		DESERT HOSPITAL
			1168		NC	EISENHOWER MEDICAL CENTER
RIVERSIDE	**PALM SPRINGS**	**1105**	**TOTAL**	**1**	**1**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			1194	C		HEMET VALLEY MEDICAL CENTER
			2172		NC	VISTA HOSPITAL OF RIVERSIDE
			4018	C		MENIFEE VALLEY MEDICAL CENTER
			4048	C		KAISER FOUNDATION HOSPITAL - MORENO VALLEY
			4068	C		SOUTHWEST HEALTHCARE SYSTEM (2 Service Sites)
			4487	C		RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
RIVERSIDE	**HEMET**	**1109**	**TOTAL**	**5**	**1**	
			1152	C		CORONA REGIONAL MEDICAL CENTER (2 Service Sites)
			1293	C		PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER
			1312	C		RIVERSIDE COMMUNITY HOSPITAL
			4025		NC	KAISER FOUNDATION HOSPITAL - RIVERSIDE
RIVERSIDE	**RIVERSIDE**	**1111**	**TOTAL**	**3**	**1**	
			1144		NC	CHINO VALLEY MEDICAL CENTER
			1166	C		MONTCLAIR HOSPITAL MEDICAL CENTER
			1274		NC	KINDRED HOSPITAL - ONTARIO
			1318		NC	SAN ANTONIO COMMUNITY HOSPITAL
			4188		NC	RANCHO SPECIALTY HOSPITAL
SAN BERNARDINO	**WEST SAN BERNARDINO**	**1207**	**TOTAL**	**1**	**4**	
			1223		NC	KAISER FOUNDATION HOSPITAL - FONTANA
			1246	C		LOMA LINDA UNIVERSITY MEDICAL CENTER (3 Service Sites)
			1266		NC	MOUNTAINS COMMUNITY HOSPITAL
			1308	C		REDLANDS COMMUNITY HOSPITAL
			1323	C		COMMUNITY HOSPITAL OF SAN BERNARDINO
			1339	C		ST. BERNARDINE MEDICAL CENTER
			4121	C		BALLARD REHABILITATION HOSPITAL
			4231	C		ARROWHEAD REGIONAL MEDICAL CENTER
SAN BERNARDINO	**METRO SAN BERNARDINO**	**1209**	**TOTAL**	**6**	**2**	
			755	C		*PALOMAR MEDICAL CENTER*
			977	C		*POMERADO HOSPITAL*
SAN DIEGO	**INLAND N. SAN DIEGO CO.**	**1412**	**TOTAL**	**2**	**0**	
			705	C		FALLBROOK HOSPITAL
			780	C		TRI-CITY MEDICAL CENTER
SAN DIEGO	**COASTAL N. SAN DIEGO CO.**	**1414**	**TOTAL**	**2**	**0**	
			673	C		RADY CHILDREN'S HOSPITAL OF SAN DIEGO
			694	C		SHARP MEMORIAL HOSPITAL (2 Serivce Sites)
			730		NC	KAISER FOUNDATION HOSPITAL - SAN DIEGO
			771	C		SCRIPPS MEMORIAL HOSPITAL - LA JOLLA
			1256	C		CECIL H. & IDA M. GREEN HOSP OF SCRIPPS CLINIC
			1394	C		SCRIPPS MEMORIAL HOSPITAL - ENCINITAS
			4141	C		*U. C. SAN DIEGO - THORTON*
SAN DIEGO	**NORTH SAN DIEGO CITY**	**1416**	**TOTAL**	**6**	**1**	

APPENDIX B

MEDI-CAL HOSPITAL CONTRACTING STATUS
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COUNTY	AREA	HFPA	FCL ID	CONTRACT STATUS Contract	Non-Contract	HOSPITAL
			652	C		ALVARADO HOSPITAL MEDICAL CENTER (2 Service Sites)
			721	C		KINDRED HOSPITAL - SAN DIEGO
			744	C		*SCRIPPS MERCY HOSPITAL*
			782	C		*U.C. SAN DIEGO MEDICAL CENTER*
			787	C		PROMISE HOSPITAL OF SAN DIEGO
			4094	C		VIBRA HOSPITAL OF SAN DIEGO
SAN DIEGO	**CENTRAL SAN DIEGO CITY**	**1418**	**TOTAL**	**6**	**0**	
			658	C		*SCRIPPS MEMORIAL HOSPITAL - CHULA VISTA*
			689	C		SHARP CORONADO HOSPITAL
			759	C		PARADISE VALLEY HOSPITAL
			875	C		SHARP CHULA VISTA MEDICAL CENTER
SAN DIEGO	**SOUTH SAN DIEGO CO.**	**1420**	**TOTAL**	**4**	**0**	
			714	C		GROSSMONT HOSPITAL
SAN DIEGO	**EAST SAN DIEGO CO.**	**1422**	**TOTAL**	**1**	**0**	
	STATEWIDE TOTAL			**196**	**100**	

NOTES:

1) Hospitals whose names are in *ITALICS* and underlined are covered by one contract, although each service site is counted as a separate hospital because they are located in separate HFPAs or have separate provider numbers. Other contract hospitals with multiple service sites but utilizing only one provider number for billing purposes have the number of service sites noted in parentheses and are not counted as separate hospitals.
2) All Areas listed in Appendix B are designated as Closed except for HFPAs 209-Redding, 221-Oroville, 427-San Mateo, 611-Visalia, 705-Salinas and 1014-Huntington Beach.
SOURCE: California Medical Assistance Commission Management Information System